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BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals, during the month of May, 1855.

Lithotomy.—The two cases left under treatment by last report are both recovered. Both are under Mr. Lloyd's care in St. Bartholomew's, and in both recto-urethral lithotomy was performed. The man (Case 1) has left the Hospital well in every respect; the boy is still in bed, the wound not being quite healed.

Number of cases, 6; recovered, 4; died, 2.

Case 1.—A healthy boy, aged 6, under the care of Mr. Fergusson, in King's College Hospital. The usual operation was performed, and a stone, the size of a small walnut, removed. Recovered. **Case 2.**—A delicate boy, aged 6, under the care of Mr. Birkett, in Guy's Hospital. A phosphatic stone was removed in the usual manner. Recovered. **Case 3.**—A boy, aged 8, under the care of Mr. C. J. Guthrie, in the Westminster Hospital. He was in fair health, but had suffered from stone for two years. An ovoid, triple phosphate stone,

nearly the size of a nutmeg, was removed. Recovered. **Case 4.**—A man, aged 68, in bad health, was admitted into Guy's Hospital on account of retention of urine. It appeared that he had suffered from stricture for thirty years, and that for the last eight catheterism had been impracticable. At first Mr. Cock was not able to succeed in passing an instrument, but after a few days a No. less than No. 1 was introduced, and the presence of a large calculus was discovered. The stricture was situated about four inches from the meatus. By degrees it yielded to dilatation, and came to admit larger instruments. In order to correct the state of the bladder, frequent injections of diluted acid solutions were practised, and under their use the urine, which was ammoniacal and purulent, somewhat improved. The sufferings produced by the stone were very severe, and notwithstanding the unhelpfulness of the man's general condition, it was at length, at his own urgent request, determined to remove it. As the stricture was now dilated sufficiently to admit an ordinary staff, the operation did not differ in any respect from the usual one. The stone

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was large but very soft, so much so that it broke down in the forceps, and was taken away piecemeal. The man remained free from pain after the extraction, but he did not rally well, and death from exhaustion followed on the fourth day. At the autopsy the bladder was found thickened, and in a state of chronic inflammation. The left kidney was atrophied and acutely inflamed, its pelvis and ureter containing pus. The right kidney was of usual size, but its ureter was acutely inflamed. The liver was large and fatty. *Case 5.*—A delicate child, aged 3, under the care of Mr. Gowland, in the London Hospital. The usual operation was performed, and an oxalate of lime calculus, the size of a marble, removed. The child died of bronchitis on the fourth day. The urine had flowed freely from the wound, and all was doing well in respect to the operation itself. It was thought that the fatal symptoms were probably caused in some measure by the chloroform which had been administered. *Case 6.*—A boy, aged 7, under Mr. Hilton's care, in Guy's Hospital. He was in pretty good health, but had suffered from stone for two years. A large triangular flattened stone was removed which weighed six drachms. Some febrile disturbance followed during the next few days, but it passed off, and the boy is now all but well.

Lithotrixy.—Mr. Hilton's case, mentioned last month, remains under care, and is doing well. A third operation has been performed, and many fragments of stone have come away. He now attends as an out-patient.

A man, aged 56, of sallow complexion, is under Mr. Coulson's care, in St. Mary's Hospital, having had lithotrixy operations performed five times during the past six weeks. He is a native of Glasgow, and has come up to town for the purpose of submitting to treatment. He has suffered from symptoms of stone for eighteen years, and during the last four severely. Two years ago he voided three small calculi, each about a quarter of an inch in circumference, and of a dark brown colour. On sounding, Mr. Coulson detected the presence of three stones, one much larger than the others. The larger one has been readily crushed at every operation. The man has suffered from some constitutional irritation, but is now doing very well.

Compression Treatment of Aneurism.—A groom, aged 24, in good health, was admitted under the care of Mr. Pollock, into St.

George's Hospital, on account of a very large popliteal aneurism. The disease had existed for five months. Treatment by pressure was at once commenced, and kept up, with some irregularity, for four weeks, when the tumour ceased to pulsate, and had evidently solidified to a considerable extent. After having remained, however, pulseless for four days, it again began to increase in size rapidly, and pulsation was again present. Under these circumstances it was deemed safest to place a ligature on the femoral, which operation was accordingly performed.

Trephining of the Skull.—A healthy boy, aged 17, was admitted into St. George's Hospital, under the care of Mr. Hawkins, having received a kick from a horse over the right eyebrow. There was compound fracture of the frontal bone, with depression of one fragment. The operation consisted in sawing away an over-hanging portion of bone with Hey's saw, and then removing the depressed and loose fragment. The latter comprised a large part of the orbicular portion of the frontal, and nearly the whole of the roof of the orbit, with a small piece of the great wing of the sphenoid. The dura mater had been lacerated in the accident, and during the operation a small portion of brain escaped. Extensive hernia cerebri followed the operation, but it was not attended by paralysis or loss of consciousness. At the time of the report (17th day) the lad was doing tolerably well.

Herniotomy.—Cases 4 and 5 of last Report left under treatment, have both resulted in recovery.

Number of cases, 21; recovered, 9; died, 12.

RECOVERIES.—*Case 1.*—A man, aged 76, under Mr. Adam's care in the London Hospital, hernia inguinal, of old standing, and having often before needed surgical assistance to effect reduction. Strangulation had existed thirteen hours. The symptoms were not very severe, but as the taxis could not be accomplished it was deemed best not to delay the operation. The sac was opened and the bowel returned; a mass of adherent omentum being left *in situ*. During the two days following the operation vomiting was troublesome, but under the use of opium and stimulants the man subsequently made a good recovery. *Case 2.*—A woman, aged 48, under the care of Mr. Simon in St. Thomas's Hospital. Hernia femoral, strangulated eighty-four hours; sac not opened.

Recovered. *Case 3.*—A man, aged 47, under the care of Mr. Poland in Guy's Hospital. He had for twenty-seven years been the subject of an irreducible omental hernia the size of a fist through the left femoral ring. For this he had worn a cupped pad. The protrusion of bowel had taken place six hours before admission. The taxis had been vigorously attempted by the surgeon whom he had consulted without effect, and the symptoms were urgent. Mr. Poland at once proceeded to the operation. The sac having been opened, a large mass of omentum was seen, which adhered to the neck of the sac, but not in other parts; behind it was a knuckle of intestine intensely congested and of the colour of port wine. The stricture having been divided, the gut was returned. The omentum was unfolded and examined, and a discussion took place as to whether or not it should be cut away. Having decided this question in the negative, the operator repacked it in the sac, and then closed the external wound by sutures. The wound united by the first intention, and not a bad symptom followed the operation.

Case 4.—A man, aged 59, under Mr. Poland's care in Guy's Hospital, on account of femoral hernia the size of a nutmeg. Strangulation had existed for eighty hours, and the symptoms were severe. The operation was attempted without opening the sac or fascia propria, and reduction was effected, but a part of the protrusion persisted in coming down again as soon as the finger was removed. This led to the suspicion that the bowel was not quite liberated, and the sac was accordingly opened. It was then discovered that a small knuckle of bowel still remained constricted by the neck of the sac, and had been replaced with it. The neck of the sac having been divided, the operation was complete. The man recovered well.

Case 5.—A woman, aged 37, under the care of Mr. Poland, in Guy's Hospital, on account of a femoral hernia of four years' duration. Strangulation had existed thirty hours, and the taxis had been much abused prior to admission. The parts about the sac were so much inflamed from the bruising to which they had been subjected, that Mr. Poland did not deem himself warranted in making any further attempt at reduction, without first liberating the stricture. The operation was accordingly performed at once; the sac was not opened. The patient did well afterwards, excepting

that she had very profuse suppuration from around the sac, the effect of the violent contusion to which the parts had been subjected.

Case 6.—A man, of middle age, under the care of Mr. Partridge in King's College Hospital. Hernia congenital as large as a swan's egg. Strangulation nine hours; sac opened. A large mass of omentum was cut away, and five ligatures were applied to the vessels which bled. Recovered well.

Case 7.—A woman, of middle age, under the care of Mr. Skey, in St. Bartholomew's Hospital. Hernia recent, femoral, strangulated fifteen hours. Taxis having been thoroughly tried, both without and with chloroform, an immediate operation was performed. The sac was not opened. Recovered.

Case 8.—A woman, aged 29, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of femoral hernia. The hernia had never before been down, and had been strangulated forty hours; the symptoms were severe. The tumour was the size of a small pear, very tense and painful. The sac having been opened, omentum only was found in it. The patient subsequently had peritonitis, but under the usual treatment recovered. *Case 9.*—A woman, aged 25, under the care of Mr. Callaway, in Guy's Hospital. The hernia, which was femoral, and on the right side, had come down on Tuesday, and ever since its protrusion she had felt sick at times, but had had no actual vomiting. The bowels had been confined, but had nevertheless acted once on the Friday; the belly was flaccid. The symptoms being thus ill marked, the operation was deferred; notwithstanding that taxis could not be effected. On Sunday morning the vomiting had become severe, and it was determined to delay no longer. The sac was not opened. She remained very low for some time after the operation, but ultimately recovered well.

DEATHS.—*Case 10.*—A woman, aged 57, under the care of Mr. Tatum, in St. George's Hospital. Hernia femoral; strangulated eight days; sac opened. The gut was found adherent and gangrenous, and was accordingly laid open and secured by stitches to the wound. Death from a low form of peritonitis occurred on the eighth day. *Case 11.*—A man, aged 66, gouty, and the subject of diseased kidneys, was admitted into St. George's Hospital, under the care of Mr. Tatum, on account of a large, irreducible femoral hernia, which had become strangulated. Strangulation had existed five days.

The sac was opened, and found to contain omentum, and a portion of intestine; the latter only was reduced. Death from peritonitis next day. *Case 12.*—A woman, aged 57, under the care of Mr. Birkett, in Guy's Hospital, on account of a very small femoral hernia. Strangulation had existed seventy-three hours. In the operation the sac was not opened, nor even the fascia propria divided. Death from acute peritonitis followed. *Case 13.*—A woman, aged 70, under Mr. Birkett's care in Guy's Hospital, on account of a femoral hernia, which had been strangulated eleven hours. The sac was opened, and the bowel returned. Death from peritonitis followed. At the autopsy the strangulated portion of bowel was found not in any way recovered, and almost in a gangrenous state. *Case 14.*—A woman, aged 51, was admitted into the Marylebone Infirmary, under the care of Mr. Henry Thompson. The bowels had been constipated for twelve days, and during the latter six there had been stercoraceous vomiting. There was a small firm tumour in the inguinal region, which was said to have existed for twenty-five years. No pain or tenderness in either the abdomen or the tumour. On cutting down upon the tumour and opening its sac, it was found to contain a dense, compact mass of omentum, impacted in the base of which was a knuckle of closely adherent intestine. The intestine being irrecoverable, was opened, and its edges stitched to the wound. Great relief was afforded, and profuse evacuations through the wound followed. The patient did fairly until the third day, when symptoms of severe peritonitis came on, and she rapidly sank. The autopsy showed a small perforating ulcer of the bowel above the seat of stricture, from which extravasation of feces into the abdominal cavity had taken place. The hernia proved to be, as it was thought at the time of the operation, of the direct inguinal form. *Case 15.*—A woman, aged 67, under Mr. Cutler's care, in St. George's Hospital, on account of an umbilical hernia which had long been irreducible. There had been obstinate constipation for many days, and the patient being much sunken it was deemed necessary to perform an exploratory operation. This was done, and the sac opened. No constriction, however, could be found. The woman subsequently sank. The skin over the hernia had partly sloughed; but death appeared to be mainly due to extreme feebleness of power. She appeared much older than she said. *Case 16.*—A woman, aged 76, was admitted under the care of Mr. Holt into the Westminster Hospital, with a small femoral hernia on the right side. The gut had been down for five days, and there had been frequent vomiting, the matters ejected having, during the last twenty-four hours, been fecal in character. The operation was performed immediately after admission. The stricture having been divided, as it was thought external to the sac, reduction was effected, but immediately afterwards the tumour bulged again. Some doubt was felt as to whether the protrusion was bowel or sac, and, under these circumstances, a grooved needle was passed into it. Feces escaped by the puncture, and this being deemed to prove it to be bowel, the punctured part was tied by a fine silk ligature. The parts were now left *in situ*, being protected by a pad of lint. The patient, who was extremely sunken at the time of the operation, died four hours afterwards. The autopsy, which was very carefully conducted, showed the bowel perforated by ulceration just above the seat of stricture. The pelvic cavity, the abdomen generally, and the hernial sac contained fluid feces. The part of bowel which had been strangulated was gangrenous, but had not given way, excepting at the point mentioned. The sac was unopened, excepting at the point of puncture, over which the ligature had been put. There was general peritonitis. The re-filling of the sac which, during the operation, had been mistaken for re-protrusion of bowel, was thus proved to have been caused merely by its distension with fluid feces. *Case 17.*—A woman, aged 35, under the care of Mr. Cutler, in St. George's Hospital, on account of a large femoral hernia, strangulated two days. The tumour had been much bruised by attempts at taxis prior to admission. The sac was opened, and reduction effected. Death, from peritonitis, consequent on perforation of the bowel, followed. *Case 18.*—A woman, aged 69, pale and emaciated, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of strangulated femoral hernia. Strangulation three days; tumour very tender. The sac was opened, and the intestine carefully examined before reduction. Relief followed the operation, but death took place on the fourth day. The autopsy showed the strangulated portion of bowel much congested,

and perforated in one spot by a small ulcer.

Case 19.—An unhealthy-looking man, aged 45, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a large scroful hernia. The tumour was the size of a fist, and very tense. Strangulation had existed nine hours; sac not opened. The patient died on the sixth day, from diffuse inflammation of the cellular tissue of the scrotum and abdomen.

Case 20.—A man, aged 70, under the care of Mr. Skey, in St. Bartholomew's Hospital. Hernia inguinal; of large size. The man complained of no pain, and stated that he had first noticed the tumour three days before. It did not, however, appear to have attracted much of his attention. Taxis having failed, the operation was resorted to. During its performance the sac burst spontaneously. Death followed five days after the operation; the bowels having in the interval been three times freely open. The autopsy showed the effects of much peritonitis, the coils of the small intestine being glued together by lymph.

Case 21.—A woman, aged 52, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral; strangulated six days. She was in a very depressed state; the tumour was well defined and exceedingly tender. The sac was opened, and the bowel, although very dark-coloured, was returned. Stimulants were given, but she did not rally. Death occurred twenty-four hours after the operation. At the autopsy a gangrenous patch was found, about an inch and a half in diameter, and situated about eight feet above the cæcum, in which were several perforated spots. The viscera were mostly healthy.

Amputations.—Of the Thigh.—Recoveries.

Case 1.—A girl, aged 18, under the care of Mr. Cook, in Guy's Hospital, on account of diseased knee-joint of many years' duration. There had been much suppuration, and she was in very poor health. The stump is nearly healed, and she is now quite out of danger.

Case 2.—A woman, aged 30, under the care of Mr. Birkett, in Guy's Hospital, on account of medullary cancer, affecting the lower end of the femur and its surrounding parts. The disease was of a year's duration, and was extending rapidly. Her health was very feeble and sufferings intense. Amputation through the upper third of the femur was performed. She has progressed most favourably since the operation, and the stump is now all but healed.

The relief from pain afforded by the removal of the disease has been most marked. The disease had caused fracture of the bone.

Deaths.—**Case 3.**—An unhealthy-looking man, suffering from phlebitis, was admitted into St. Bartholomew's, under the care of Mr. Lawrence, on account of diseased knee-joint. The disease had existed for three years, and he had been under treatment for it in several hospitals. After a four months' attempt to save the limb, Mr. Lawrence determined to amputate, as the man's strength was rapidly failing. Death from phlebitis occurred on the fifth day after the operation.

Of the Leg.—Recoveries.—**Case 4.**—A boy, aged 17, under the care of Mr. Spencer Smith, in St. Mary's Hospital, on account of pulpy degeneration of the synovial membrane of the ankle-joint. The disease was of seventeen months' duration, and the amputation had for several months been deferred only because his friends had refused their consent. The operation was performed by the circular method. The stump is healed, and the boy's health already very greatly improved.

Deaths.—**Case 5.**—A healthy child, aged 3, was admitted into the London Hospital, under the care of Mr. Adams, on account of laceration of the leg. Gangrene followed, and amputation became necessary on the third day, but the father of the child refused his consent. When, on the seventh day, permission to perform the operation was obtained, the child was in an extremely exhausted state. Death followed on the fourth day. There had been no attempt at union, and the thigh was greatly swollen. No autopsy.

Of the Foot.—Under Treatment.—Case

6.—A boy, aged 15, under the care of Mr. Cutler, in St. George's Hospital, on account of crushed foot. Primary amputation was performed a very little in front of the line in Lisfranc's operation. Doing well.

Case 7.—A man, aged 34, under the care of Mr. Simon, in St. Thomas' Hospital, on account of encephaloid disease, connected with the metatarsal bone of the second toe of the left foot. Amputation at the ankle-joint, after Pirogoff's method, was performed. The patient had considerable constitutional disturbances during the week following the operation, but he is now doing well. There has been no sloughing of the flap, and the portion of the os calcis left has kept well in place.

Of the Upper Extremity.—Recoveries.

Case 8.—A man, aged 53, under the care of Mr. Lawrence in St. Bartholomew's Hospital, on account of disease in the right carpus consequent on injury. Thirteen weeks before he had received a punctured wound of the wrist-joint, and the inflammation which followed had rendered the hand useless. Amputation through the forearm.

Recovered. *Case 9.*—A country woman, aged 42, in good health, under the care of Mr. Skey, in St. Bartholomew's Hospital. Her right hand and lower portion of forearm had been crushed by a thrashing machine. Primary amputation through the forearm was performed. The wound healed by the first intention, and the patient was well in ten days.

Case 10.—On March 5, a man, aged 46, was admitted, under the care of Mr. Birkett, into Guy's Hospital, a cart-wheel having passed over his right elbow. There was so much swelling that an accurate diagnosis of the extent of injury was not practicable. It was, however, certain that the bones composing the joint had been much comminuted. The fracture was not compound. The case seemed to do well for some days, but subsequently sloughing of the soft parts took place, and the injury became converted into a compound fracture involving the joint. The external condyle of the humerus projected and was removed. Profuse suppuration followed, and the man's powers became greatly reduced. Amputation through the upper arm was performed on May 1st. On examination after amputation the joint was found entirely disorganized, but the processes of reparation were commencing. The man recovered well.

Case 11.—A man, aged 43, had a tumour removed from the palmar aspect of his middle finger ten years ago. It subsequently reappeared, and on account of it the finger was removed at the metacarpal articulation. A growth now sprung up in the palm of the hand. For the latter the man was admitted into Guy's Hospital, under the care of Mr. Birkett, the skin having ulcerated and the tumour being developed into a large fungating mass. Amputation through the lower third of the forearm was performed. The disease proved to be medullary cancer; it was attached to the metacarpal bone and the fibrous tissue about it. The man quickly recovered. *Death.*—*Case 12.*—A man, aged 42, under the care of Mr. Pollock, in St. George's Hospital, on account of diseased

elbow-joint. He had bronchitis, and was in bad health. Amputation. Death from pyæmia.

Amputation of the Penis.—A gardener, aged 68, was admitted into St. Bartholomew's, under the care of Mr. Skey, on account of epithelial cancer of the penis, of four years' duration. The disease involved the entire glans, and the anterior third of the corpora cavernosa. The inguinal glands were enlarged and tender. Amputation was performed in the usual manner, and the man recovered without a bad symptom.

Excision of Bones and Joints.—The seven cases mentioned last month, and also several from preceding months, all remain under care.

Case 1.—A man, aged 34, under the care of Mr. Birkett, in Guy's Hospital, having suffered from chronic inflammation of the right knee-joint for three years. There was much enlargement about it, and some fluid in the articulation, but no sinuses existed, as there had never been any open abscess. Treatment had been exhausted upon it, and the question had come to be between amputation and excision of the joint. The man being in tolerable health, Mr. Birkett decided to perform the latter. The joint was opened by a curved incision crossing the ligament of the patella, the latter bone and the flap being dissected up together. The articular extremities of the femur and tibia were sawn off, and the patella was also removed. Four articular arteries required ligatures. The interarticular cartilages had been destroyed, and the cartilage covering the ends of the three bones was extensively ulcerated; the synovial membrane was converted into a pyrogenic tissue. The bones themselves were healthy. The parts having been adjusted, the limb was placed on a straight splint, and hitherto the case has progressed favourably.

Case 2.—A girl, aged 20, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased elbow-joint. She was strumous, delicate, and excitable. The disease had existed, and was spontaneous. There had been profuse suppuration, and there was much pulpy thickening of the tissues about the joint. The articulation was laid open by a T-shaped incision from behind, and the olecranon and extremity of the humerus were cut away. The entire coronoid process of the ulna with the lesser sigmoid notch, and the head of the radius, were left. The case is

doing well. *Case 3.*—A delicate woman, aged 38, under the care of Mr. Poland, in Guy's Hospital, on account of diseased elbow-joint, of eight months' duration. There had been profuse discharge, and she was worn down by intense pain and irritation. It was a doubt whether or not amputation ought to be preferred to excision, but the latter was at length decided upon. Mr. Poland laid open the joint by the π -shaped incision, and cut away the olecranon. The cartilage from the humerus, and also that from the radius, was peeled off with the forceps, and the extremities of the bones, being sound beneath, were not excised. The woman appeared to be doing well for two or three days, but subsequently symptoms of acute or pneumonic phthisis appeared, and death followed in the third week. There had been hectic, profuse sweatings, and diarrhoea, but Mr. Poland did not consider the condition as one of pyæmia. The elbow continued to suppurate healthily. No autopsy was permitted. Previous to the operation the patient had shown no symptoms of chest disease. *Case 4.*—A man, aged 45, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, and whose elbow-joint was excised in January last. As has been already reported, suppuration occurred in the wrist-joint of the same arm, a few weeks after the operation, and also in several places over the shaft of the ulna. The disease of the wrist appeared chiefly connected with the ulna, the lower fourth of which, including the whole of its articular head, passed into a state of necrosis. The operation consisted in excising this diseased part. The wrist-joint was, of course, opened, but there did not appear to be any other exposed bone. The wound has since almost healed, and there seems a fair prospect of yet saving an arm of considerable usefulness. *Case 5.*—A woman, aged 34, under the care of Mr. Hawkins, in St. George's Hospital, and whose case has been mentioned several times previously under the head "Amputations." Her thigh was amputated thirteen years ago, and since then three excisions of the end of the femur have been performed on account of continued oozing of blood from the extremity of that bone. The third operation was during the past month. The case remains under treatment.

Excision of Malignant Tumours.—Case

1.—A woman, aged 40, under the care of

Mr. Birkett, in Guy's Hospital, on account of a pedunculated growth of soft cancer on the back. The disease had commenced on the site of a congenital mole, and had existed for fourteen months. It had been twice ligatured, but was, notwithstanding, increasing rapidly. *Excision. Recovery.*

Case 2.—A pale delicate woman, aged 48, the mother of a large family, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of scirrhus of the breast. The tumour was the size of an egg, and had been growing for two years. The nipple was retracted, and there were some scattered tubercles in the skin. The whole gland was excised. Death from pleurisy twelve days after the operation.

Case 3.—An Irish woman, of middle age, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of a large ulcerated and adherent carcinoma of the left breast. The excision involved the exposure of three or four ribs. The patient subsequently had an acute attack of pleurisy, from which, however, she recovered, and ultimately left the Hospital with the large wound quite healed.

Case 4.—A woman, aged 34, under the care of Mr. Cock, in Guy's Hospital, on account of a recurrent fibro-plastic tumour growing from the right antrum. Her case has been frequently mentioned before; two previous operations having been performed. Mr. Cock dissected up the cheek, and scooped away the growth, which extended from the antrum into the nose, and also beneath the soft parts. The wound rapidly healed.

Case 5.—A man, aged 34, under the care of Mr. Simon, in St. Thomas's Hospital, on account of an ulcerated epithelial cancer of the lower lip. The disease had existed eighteen months. *Excision. Recovery.*

Case 6.—A woman, aged 38, under the care of Mr. Clark, in St. Thomas's Hospital, on account of a scirrhus growth just below the mammary gland. The disease had existed four months. *Excision. Recovery.*

Case 7.—A man, aged 24, under the care of Mr. Clark, in St. Thomas's Hospital, on account of a recurrent tumour (colloid t), the size of an orange, between the ramus of the lower jaw and the mastoid process. It was of five years' growth, and one of similar character had been excised from the same spot seven years ago. In its removal, the facial nerve was unavoidably divided. Under treatment.

Case 8.—A woman, aged 44, under the care of Mr. Hawkins, in St. George's Hospital,

on account of scirrhus of the breast. Excision. Recovery. *Case 9.*—A woman, aged 62, under the care of Mr. Johnson, in St. George's Hospital, on account of scirrhus of the breast. Excision. Recovery. *Case 10.*—A man, aged 48, under the care of Mr. Fergusson, in King's College Hospital, on account of a cancrroid growth, involving the outer commissure of the right eyelids, and extending deeply between the eyeball and lid. The man was in good health, and the disease had existed for ten years. Mr. Fergusson excised the whole freely. The wound is nearly healed. *Case 11.*—A man, aged 41, under the care of Mr. Fergusson, in King's College Hospital, on account of a glandular development of epithelial cancer in the submaxillary region. The disease was secondary on a cancer of the lip, which had been excised two years ago. The mass had attained the size of a small orange, and was fast increasing; it did not involve the submaxillary gland itself. The man was in good health. Excision. Doing well. *Case 12.*—A woman, aged 53, under the care of Mr. Hillman, in the Westminster Hospital, on account of scirrhus of the breast. It had been noticed only three months. Excision. Recovery. *Case 13.*—A delicate woman, aged 35, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of ulcerated scirrhus of the left breast. She had suffered from pain in the part for about fourteen months. The whole gland was removed. Death from pleuro-pneumonia followed on the fourth day. At the autopsy no cancerous deposit was found in any organ. *Case 14.*—An unhealthy-looking man, aged 44, was admitted, on February 7th, into St. Bartholomew's, under Mr. Lawrence's care, having a tumour the size of an egg over the left parietal eminence. It had been growing for twelve months, and was diagnosed as malignant, and only removed at the patient's urgent request. The wound healed rapidly, and the man left the Hospital, but he has since returned with a recurrence of the disease beneath the cicatrix. *Case 15.*—A woman of middle age, under the care of Mr. Chance, in the Metropolitan Free Hospital, on account of a small scirrhous tumour in the right breast. The whole gland was excised, as also an axillary lymphatic, which was enlarged and cancerous. Recovered. See also, "Amputations of the Penis," and "Excision of the Testis."

Excision of the Testis.—*Case 1.*—A

healthy man, aged 37, was admitted into St. Bartholomew's Hospital, under the care of Mr. Skey, on account of great enlargement of the right testis, which had commenced two years before and had been unaccompanied by pain. The gland was of stony hardness and more than four times the size of the opposite one. The testis and spermatic cord were excised on February 10. The parts healed, and he was discharged from the Hospital in March, but was subsequently readmitted, and died of pleurisy. The diseased growth consisted of cartilage, as also did the numerous glandular and other secondary ones. (The full particulars of this singular case were read by Mr. Paget before the Medico-Chirurgical Society. See Report in this Journal, page 634, June 23.) *Case 2.*—A man, aged 37, in moderately good health, under the care of Mr. Cock, in Guy's Hospital, on account of great enlargement of the left testis. The disease had commenced spontaneously, and there was no history of hereditary tendency to cancer. The diagnosis was extremely difficult, as the man had no degree of cachexia, and the condition of the testis was much masked by effusion into the tunica vaginalis. The first part of the operation was exploratory. The fluid having been evacuated, the testis was found to be the seat of medullary cancer, and was accordingly excised. The cord was sound. The gland after removal presented an excellent specimen of soft cancer. The man recovered well. *Case 3.*—A man, aged 35, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of enlargement of the testicle of seven months' duration. After excision the disease was found to consist of a combination of cystic, cartilaginous and cancerous deposits. The gland was the size of a small fist. The man recovered quickly. *Case 4.*—A man, aged 30, under the care of Mr. Hillman, in the Westminster Hospital. The testis was excised on account of sorofulous disease, which had destroyed its structure. Recovered.

Removal of Non-Malignant Tumours.—

Case 1.—A boy, aged 6, under the care of Mr. Cock, in Guy's Hospital, on account of a large tumour beneath the scalp of the occiput. It was said to have been of congenital origin, but had recently increased much in size. At the operation it was found to consist of dense fat. It was without any definite boundaries, and connected itself on

all sides with the surrounding adipose tissue. The wound healed well. *Cases 2, 3, 4 and 5.*—Fatty or sebaceous tumours, of not unusual size, successfully removed. *Case 6.*—A robust young woman, aged 24, under the care of Mr. Ward, in the London Hospital, for a mammary glandular tumour of large size. It was excised, and during the operation was found to have no structural connection whatever with the gland by the side of which it lay. Its weight was nine ounces, and it possessed complete glandular development, its tubuli containing milk. The patient is doing well, but the wound has been rather slow in healing. *Case 7.*—A man, aged 41, under the care of Mr. Critchett, in the London Hospital, on account of a large and deeply-placed tumour in the thigh, overlying the middle of the femoral artery. The growth proved to be fibro-plastic in structure. During its excision the femoral vessels were exposed for more than an inch in length, but not otherwise disturbed. Secondary hemorrhage, from ulceration of the artery, occurred about a fortnight afterwards, and ligatures had to be applied above and below the spot. Doing well. *Case 8.*—A healthy girl, aged 10, under Mr. Lawrence's care, in St. Bartholomew's Hospital, on account of an enchondroma developed in connection with the fourth metacarpal bone. It grew from nearly the whole length of the affected bone, was of six years' duration, and had attained the size of a small egg. The tumour was cut away, and that part which projected into the substance of the bone gouged out. The wound healed readily, and the patient left the Hospital with perfect use of the hand.

Puncture of the Bladder.—*Case 1.*—A man, aged 43, was admitted, on May 9, into Guy's Hospital, under the care of Mr. Poland, suffering from retention of urine. He had, previous to this attack, been in good health; his stricture was of two years' duration. Catheterism had been rather forcibly attempted prior to admission, and a false passage had been made, Mr. Poland also having failed in the endeavour to introduce an instrument, and after twelve hours' waiting, the warm bath, etc., having been used, it was determined to puncture the bladder. The operation was performed by the rectum in the usual way. The canula was allowed to remain in four days, during which all the urine flowed by it. An abscess, attended with some sloughing, had in the mean time

formed in the perineum. Up to the sixth day the man was doing well in every respect, but subsequently the symptoms of pyæmia were developed, and death took place on the 22d (thirteenth day). At the autopsy it was with difficulty that the spot where the canula had passed could be found; all the tissues about it were perfectly healthy. In the lungs were local patches of pneumonia, with small deposits of pus. It seemed most probable that the perineal abscess had been the cause of the pyæmia, and not the wound made in the operation. *Case 2.*—An unhealthy man, aged 65, under the care of Mr. Tatum, in St. George's Hospital, had puncture of the bladder by the rectum performed on account of impassable stricture. Death followed. The kidneys were extensively diseased.

Operations for Urethral Stricture.—A man, aged 47, under the care of Mr. Skey, in St. Bartholomew's Hospital, on account of a cartilaginous stricture of thirteen years' duration. No instrument could be passed through it. Mr. Skey accordingly introduced a large catheter down to it, and having cut into the urethra over its point, prolonged the incision through the stricture. A full-sized catheter was immediately passed, and was subsequently retained for two or three days. The man recovered perfectly; and when he left the Hospital the sinus left by the wound was closed.

Removal of Necrosed Bone.—*Cases 1 and 2.*—The patients in these are both men under the care of Mr. Cock, in Guy's Hospital, on account of necrosis of the jaw. In one, the upper jaw, in the other, the lower is affected. Large portions of bone have been removed. Neither of the men had worked in phosphorus. Under treatment. *Case 3.*—A strumous boy, aged 3, under the care of Mr. Curling, in the London Hospital, on account of disease of the os calcis, consequent on an injury. Mr. Curling gouged away some softened cancellous tissue, and laid the cavity freely open, but did not succeed in finding any fragment actually necrosed. The wound seems likely to heal. *Case 4.*—A healthy man, aged 23, under Mr. Fergusson's care, in King's College Hospital, on account of necrosis of the tibia, of twenty years' standing. The diseased portion has been removed. Doing well. *Case 5.*—A man, aged 25, under the care of Mr. Fergusson, in King's College Hospital, on account of necrosis of the femur. A seques-

trum two inches in length, and including the entire shaft, was removed from the lower third of the bone. Doing well. *Case 6.*—A cachectic man, aged 30, under the care of Mr. Holt, in the Westminster Hospital, on account of necrosis of the fifth metatarsal bone of the right foot. It was excised. Doing well. *Case 7.*—A boy, aged 14, under the care of Mr. Solly, in St. Thomas's Hospital, on account of necrosis of the humerus. The whole upper half of the shaft was removed. A second operation will probably be required. *Case 8.*—A lad, aged 17, under Mr. Clarke's care, in St. Thomas's Hospital, on account of necrosis of the tibia. A small portion of bone was removed from the lower part. Doing well. *Case 9.*—A woman, aged 30, under the care of Mr. Cutler, in St. George's Hospital, on account of necrosis of the femur. A large sequestrum has been removed. Doing well.

Operations for Exostosis.—*Case 1.*—A healthy lad, aged 13, under the care of Mr. Wormald, in St. Bartholomew's Hospital, on account of an exostosis from the lower third of the femur, close above the knee-joint. It had been noticed for the first time four months previously. It was removed in the usual manner, and the wound, although phagedenic for some time, ultimately healed well. *Case 2.*—A patient, under the care of Mr. Prescott Hewett, in St. George's Hospital, has had a small exostosis removed, and has recovered.

Plastic Operations.—Three cases of cleft palate are under the care of Mr. Pollock, in St. George's Hospital, in which the operation of staphyloraphy has been performed. In one, complete union has followed, and the other two are yet under treatment, and will be partially successful. One case of contraction after burn, and one of hare-lip, have been successfully operated on in St. Bartholomew's Hospital. Two cases of hare-lip, under the care of Mr. Fergusson, in King's College Hospital, have been operated on, and have resulted in cures.

Ligature of Varicose Veins.—A healthy man, aged 30, under the care of Mr. Partridge in King's College Hospital, on account of a large varicose vein in the leg. A ligature was applied in the usual manner, by passing a needle beneath the vessel, and twisting the thread over its projecting ends. A cure, without any troublesome complications, followed.

Tracheotomy.—A stout muscular man, aged 28, a seaman, of intemperate habits, was brought to St. Bartholomew's Hospital at 5.30 A. M. (8th April) suffering from intense dyspnoea, which had come on during the night. Two days previously he had been locked up all night in a police cell for drunkenness. He felt a slight pain in the upper part of the larynx, which did not prevent his going about. He went to bed at 10.30 the night before he came to the Hospital without any difficulty in breathing, and awoke at 5 A. M. with a feeling of suffocation. Leeches were applied to the throat, and blood taken from the arm. This gave him temporary relief, but the urgent symptoms again came on, and tracheotomy was performed by Mr. Morris, the House-Surgeon, with immediate relief. He progressed most favourably for ten hours, when he was seized with a fit of delirium, and suddenly expired. *Post-mortem* examination showed the epiglottis to be in a state of slough with serous effusions in the surrounding cellular tissue; there was emphysema of the cellular tissue in the posterior mediastinum and compression of the lungs.

Ligature of Arteries.—The following case has been under the care of Mr. Key, in St. Bartholomew's Hospital:—A man, aged 28, well nourished, though at the time of the operation much reduced by frequent hemorrhage from a wound in the palm, accidentally inflicted on Jan. 17. A ligature had, on the day of the injury, been placed on a bleeding vessel in the palm when he applied at the London Hospital. On his admission the edges of the wound were sloughing, and the tips of the index and middle fingers in an almost gangrenous condition. The radial and ulnar arteries were tied, and the hand enveloped in a linseed-meal poultice. On Feb. 12th, the ulnar ligature separated and hemorrhage commenced from the proximal end of the ulnar artery. It was deemed advisable to again cut down upon and tie the vessel higher than before. On Feb. 16th, hemorrhage from the distal and proximal ends of the ulnar artery, and oozing from the palm came on. The brachial was tied on this day at the point where it crosses the insertion of the coraco-brachialis muscle. Much difficulty met with in consequence of the number of large venous trunks in that situation. On Feb. 18th, the distal end of the ulnar artery again poured forth a large quantity of blood.

Some bleeding also from the brachial wound. The axillary was tied by Mr. Skey on this day. The patient has been discharged quite well, though hemorrhage several times occurred after the ligation of the axillary, evidently from the whole calibre of that vessel.

Operations for Enlarged Bursa.—Case 1.—A woman, aged 22, was admitted, under the care of Mr. Cock, into Guy's Hospital, having an enlarged bursa, the size of a walnut, beneath the tendon of the flexor carpi ulnaris muscle. It had occasioned great pain by pressure on the ulnar nerve, and had caused contraction of the little ring finger. Mr. Cock laid it freely open, removed some small melon-seed-like bodies, and left the cavity to fill by granulation. There has been no undue inflammation, and the healing is now all but complete. *Case 2.*—A man, aged 26, was admitted into Guy's Hospital, under the care of Mr. Birkett, on account of a ganglion in connection with the tendon of the peroneus tertius, which had given him much trouble. It had been twice laid open, but when healed the fluid had on each occasion resecreted. Mr. Birkett dissected it out, together with some fibres of the tendon to which it adhered. The suppuration which followed extended up the leg, but it subsided after a time, and the wound healed.—*Med. Times and Gaz.*, June 23 and 30th, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Committee on Medical Topography and Epidemics, of the American Medical Association.—At the last annual meeting of the American Medical Association in Philadelphia, May, 1855, a committee was appointed, of one member from each State and Territory, and one from the Army and one from the Navy of the United States, to report upon the medical topography and the epidemic diseases of the United States, and the most successful treatment of the latter.

A circular was issued, signed by several members of this committee, viz: by James W. Thompson, M. D., of Delaware; Jacob M. Gemmil, M. D., of Pennsylvania; G. Mendenhall, M. D., of Ohio; J. H. Beech, M. D., of Michigan; Joseph Mauran, M. D., of Rhode Island; and Thomas Miller,

M. D., of the District of Columbia, requesting the members to assemble at Newport, on Tuesday, the 14th day of August; and on that day, in the Redwood Library, Drs. Thomson of Delaware, Smith of New Jersey, Perkins of Vermont, Mauran of R. Island, and Shattuck of Mass., were present. The meeting was called to order, at 10 A. M., Dr. Thomson was chosen chairman, and Dr. Mauran, Secretary.

On motion, it was voted, unanimously, that Drs. Dunn and King, of Newport, and Dr. Steiner, of Baltimore (all permanent members of the Association), be invited to participate in the discussions of the committee.

It was voted—that the first business in order be the reading of communications from members of the committee not able to be present, viz: Drs. Weston of Maine, Peaslee of New Hampshire, Mendenhall of Ohio, Sutton of Kentucky, Beech of Michigan, Haskins of Tennessee, and Wroth of Maryland.

After the reading and due consideration of these communications and a free interchange of opinions, a sub-committee was constituted by the appointment of Drs. Perkins, Smith, and Shattuck, to take the subject of the communications and views of members into consideration, and to report at the next meeting; and the committee adjourned to meet at the same place at 5 o'clock P. M.

The committee came together at the appointed time, when the following report was made and adopted:—

Report of the Sub-Committee.—"The written communications of those absent and the expressed opinions of those present, show there is but one opinion on the part of all as to the importance of prompt and effective measures being at once taken to secure the collection of such facts and histories, as may enable the committee to draw up their reports satisfactorily. The subject-matter is so vast, that many collaborators are needed. Each member of the committee has the power to associate with him any professional brethren who may be able and willing to take part in the work. Very valuable aid can be rendered by State and County Societies, whose co-operation it is advisable to invite. At the same time some members of the Committee are mistaken in supposing that the reports must first be made to, and adopted by a State or County So-

ciety. A proposition to this effect was made, but was not adopted by the Convention—one obvious reason for this refusal being found in the fact that there are no such societies in many States and Counties.

"Your Sub-Committee think it desirable to try to get the histories of all epidemics which have prevailed since the settlement of the country. Our reports must be made by the first of May, 1856, but we must at once set about seeing what materials we can get together. A general appeal to all members of the profession seems desirable, and a form of circular is subjoined, which it is proposed to send out as extensively as possible. Each member will make his own researches according to time and facilities, and in this way, when the Committee next come together, they may hope to have a mass of material, from a careful examination of which, shape and direction may be given to the reports."

At a meeting of the Committee at the same place, on the 15th of August, Doctors Mauran and Shattuck were appointed a Sub-Committee to print and send the circulars to the absent members, with an account of the proceedings.

On motion by Dr. Smith, seconded by Dr. Shattuck, it was

Voted, That the thanks of this Committee are hereby cordially tendered to the proprietors of the Redwood Library, for the free use of their commodious rooms, and also to our medical brethren at Newport, Doctors Dunn and King, for their continued courtesies and elegant hospitality extended to all the members of the Committee whilst sojourning in their city.

Voted, That the proceedings be signed by the Chairman and Secretary.

Voted, That this meeting is now adjourned to the first Wednesday in May, 1856, at the city of Detroit.

JAMES W. THOMSON, M.D.,
Chairman.
JOSEPH MAURAN, M.D., Sec'y.

Circular.—The Committee of the American Medical Association "on Medical Topography, Epidemic Diseases, and most successful treatment thereof," address you this circular in their endeavour to get together materials for a medical history of the country. Please communicate to the address of the undersigned, any and all information which may enable him to make a report, in

which due credit will be given to each collaborator, and his name mentioned in connection with facts and histories furnished by him.

Please mention everything that has been printed or published about the medical history of your district, any topographical account of histories of particular epidemics, and say how far your own observation enables you to vouch for facts therein presented.

Geological and physical charts are very desirable, as well as descriptions of peculiar features of country or city.

Please mention all epidemics of which you may have any knowledge, being particular to assign limits of time and space as exactly as possible, giving, in connection with each disease, the peculiar features of the country, city, ward, or street where it prevailed, with slope of rocks, character of soil, meteorological records and observations, altitude above the ocean or adjacent bodies of water, character of the water, artificial changes as by cultivation, cutting down or planting of trees, sewerage, drainage, &c. &c.

Any supposed causes of disease, peculiar symptoms, post-mortem appearances, prevention, therapeutical influences, and all details of age, sex, nativity, occupation, &c., of individuals, and of the duration and severity of disease at different periods, proportion of mortality, &c. &c., should be given.

An early answer to this communication is desired.

[This circular will be signed by the respective members of the Committee of the several States through which it is to be distributed.]—*Boston Med. and Surgical Jr.*, Sept. 6, 1855.

Mortality from Yellow Fever at New Orleans.—The total number of deaths in New Orleans for the week ending Sept. 9, was 373. Yellow fever 255; other diseases 118. It is stated that the epidemic reached its culminating point on the week ending the 20th of August, when the number of deaths was 394. For the next week, ending the 27th August, the deaths from yellow fever had fallen to 357; for the week terminating September 3d, they were 301; and for the last week, ending on the 9th, they were 255.

The whole number of deaths from yellow fever, reported by the Board of Health for the present season, amount to 1,950. The yellow fever deaths in 1854, numbered 2,508.

The following table of yellow fever deaths

for the present season shows the progress of the disease:—

Week ending June 30,	17
" " July 9,	32
" " " 16,	44
" " " 23,	119
" " " 30,	173
" " August 6,	222
" " " 13,	291
" " " 20,	394
" " " 27,	357
" " September 3,	301
" " " 9,	255

2205

Yellow Fever at the South.—Yellow fever which prevailed to a dreadful extent in Norfolk and Portsmouth, and in a most malignant form, has now abated. It has broken out at Vicksburg, Yazoo city, Cooper's Well, Jackson, Canton, on the plantations in Wilkinson County, and other places in Mississippi.

American Physicians in the Crimea.—Dr. N. E. Gage in a letter from Berlin to the Editor of the New Hampshire Journal of Medicine, states that "twenty-four American Physicians have now gone to the Crimea. I wish that a word expressed in your Journal would do any good in persuading our young medical men at home, that the prospect is really anything but encouraging, without one is qualified for the greatest physical trials, and for continual embarrassment from an ignorance of the language."

Atlanta Medical and Surgical Journal.—This is the title of a new candidate for Professional favour, edited by Dr. Jos. P. LOGAN and W. F. WESTMORELAND, Professors in the Atlanta Medical College. The first No. which appeared last month (September), is an interesting one, and manifests a dignified catholic spirit on the part of its conductors. We wish it every success.

The Physician's Visiting List, Diary, and Book of Engagements for 1856.—We are indebted to Messrs. Lindsay & Blakiston for a copy of this convenient book, which we strongly recommend to the attention of those who have never used it. To those who have done so, no recommendation is necessary, they will, we are quite sure, consider the possession of it indispensable

Dr. Benedict's Sanitarium at Magnolia, East Florida.—We take pleasure in recommending this institution, which is to be opened in November next to physicians, and to invalids laboring under affections of the throat and lungs. It is easy of access, being but one day's journey by steamboat, from Savannah or Charleston, and four days by steamer, from Philadelphia or New York via Charleston or Savannah. The location has been selected after much observation and deliberation, as possessing as many if not more, advantages than any other in this country. The mean temperature of the winter months there is about 60°; frost is rarely seen. The house is commodious, has large airy chambers, and is said in every respect to be well constructed for the purpose. Dr. Benedict, who was lately superintendent of the New York State Lunatic Asylum, is well known as a skilful and most humane physician, and the invalid may feel confident of receiving there every comfort which kindness and professional skill can afford.

The late Dr. Moreton Stillé.—Extract from the minutes of the Philadelphia Association for Medical Instruction:—

"At a special meeting held by the Association this evening, for the purpose of taking action in regard to the death of their late Associate, Moreton Stillé, M. D., who departed this life on the 20th inst., it was unanimously

Resolved, That in Dr. Moreton Stillé we have to lament a most zealous and efficient colleague; one who in all the relations of life was most exemplary and unexceptionable; as a friend, earnest and steadfast; as a man, upright and punctilious; as a gentleman, affable and courteous; as a physician, mature in judgment, skilful and humane; and self-sacrificing in his efforts to promote the interests of his profession.

Resolved, That we will attend the funeral of our late member, to-morrow, at 4 o'clock P. M.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, as an expression of our deep sympathy with them in their sad bereavement."

ELLENBIE WALLACE, Sec'y.
August 22, 1855.

PHILA. Aug. 23, 1855.
At a meeting of the students of the Phil-

Philadelphia Association for Medical Instruction" held this morning, the following preamble and resolutions were unanimously adopted:—

Whereas, It has pleased an all-wise Providence to remove from our midst a valuable instructor and friend, Dr. Moreton Stillé, Lecturer on the Principles and Practice of Medicine in the Association, whose able and conscientious discharge of his duties has filled us with esteem, and whose moral worth and valuable counsels have thrown around us the closest ties of affection: Therefore,

Resolved, That while we bow submissively to the Divine decree, we make this expression of heartfelt sorrow for his death and respect for his memory; feeling that not to ourselves alone, but that to medical science at large, his loss is one of no ordinary character.

Resolved, That we sincerely sympathize with the family and friends of the deceased in their bereavement.

Resolved, That we will attend the funeral and wear the usual badge of mourning for thirty days.

Resolved, That a record of the proceedings of this meeting be sent to his family, and likewise be published in the "Medical News" and "Medical Examiner."

S. BAXTER, *Chairman*.

E. STRUDWICK, *Sec'y*.

OBITUARY RECORD—Died, at Reading, Pennsylvania, September 12th, ISAAC HESTER, M. D., in the 71st year of his age.

In New York, on the 12th of August, in the 65th year of his age, Dr. J. C. BLISS.

In Washington, on the 12th September, HENRY S. HIELKELL, M. D., Surgeon U. S. A.

At Laona, Illinois, at a venerable age, STEPHEN W. WILLIAMS, M. D., formerly of Deerfield, Mass.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A young lady, Miss Naylor, residing with her friends in Hanover street, Sheffield, was for some time past in the habit, notwithstanding the remonstrances of those about her, of inhaling chloroform for the purpose of producing trance, and allaying the pain consequent

upon an affection of the *douloureux*, to which she was much subject. The result, as might be conjectured, was, that the sufferer inhaled an over-dose of the anæsthetic agent, and upon her friends entering her room one morning this week, they found her a lifeless corpse in bed, with the bottle which had contained the chloroform by her side. Dr. Bartolone was called in, but he found the body quite rigid, and the vital spark had been extinct for some hours.—*Lancet*, Sept. 1.

Epidemic of Gangrenous Ergotism observed in the Hôtel-Dieu of Lyons. By Dr. BARRIER.—Many years have elapsed since gangrenous ergotism had been observed at the Hôtel-Dieu of Lyons, in any other than a perfectly sporadic form; but during the last year about thirty patients have been admitted into that institution labouring under this species of gangrene, and coming for the most part from the departments of Isère, Loire, Haute-Loire, and Ardèche. A few belonged to the Rhône and other neighbouring departments. The epidemic seems, to judge from the cases treated in the institution, to have attacked men in preference to women. The age of the patients varied from 12 to 60 years. The majority of the patients were, previously to the debility due to the gangrene, in a state of constitutional or acquired weakness, which must have presented an unfavourable predisposition. The gangrene chiefly attacked the feet and hands, and from them ascended towards the trunk. In no patient was the head or trunk affected with mortification; in the greater number the gangrene destroyed an entire, or almost an entire, foot; in some, a toe only; in others, the two lower limbs mortified nearly to the knees. In a child, aged 14, the disease did not stop until it had reached the middle of the thigh.

Less common in the upper extremities, the gangrene most frequently implicated one or more fingers; it sometimes reached, but seldom passed, the wrist. Local examination seemed, observes M. Barrier, to demonstrate the existence in almost all the patients, of either primary or secondary arteritis. We regret very much that the surgeon-in-chief of the Hôtel-Dieu of Lyons did not avail himself of these cases to give a tolerably complete description of arteritis. The gangrene in general was dry; still there

were some cases of moist gangrene. In most instances the surgeon confined himself to waiting for the spontaneous separation of the mortified portions, regulating as much as possible those stumps which presented bony projections, or too unequal flaps. Amputation of the leg was twice performed at the place of election; one of the patients recovered, the other died. This epidemic presents the closest resemblance to that of 1814, which was described by Dr. Janson, of the Hôtel-Dieu of Lyons.—*Dublin Medical Press*, August 29, 1855, from *Gazette Hebdomadaire*, August 3, 1855, p. 581.

The Ingestion of the Cysticercus Cellulosus the Cause of Tænia.—DR. KÜCHENMEISTER, of Zittau, has published in the *Wiener Med. Wochenschrift*, (No. I., 1855,) a series of experiments made upon an individual condemned to capital punishment, which would tend to show that the tænia solium is generated by the cysticerci cellulosi which we swallow with our food. The culprit was made to ingest, mixed up with various articles of food, seventy-five cysticerci, at periods varying from one hundred and thirty to twelve hours before decapitation. The entozoa were procured from the mesentery of a pig and rabbit; the first used were of the variety of cysticercus "tenuicollis" and "pisiformis;" but the latter and greater portion were actual cysticerci cellulosi. The intestines were examined forty-eight hours after death. In the duodenum was found a little tænia adherent to the mucous membrane; and in the water used to wash this portion of the bowel, other specimens of tænia, about the sixth of an inch long, were also seen. It is supposed that these were the result of the cysticerci which were first swallowed one hundred and thirty hours before death, as not a trace of those ingested near the time of decapitation was discovered.

M. Küchenmeister concludes from these experiments—1. The cysticercus, introduced into the economy of man, is transformed into the tænia solium. 2. The mode of transmission of the tænia solium is the same as that of all the entozoa which originate from cysticerci. 3. Men become affected with the tænia solium by eating either uncooked articles of food, or cooked and ingested cold, as procured from pork-butchers, &c.

The author has succeeded, as had before him Benedeus, in generating the cysticercus

cellulosus in the pig by administering joints of the tænia. This result was, however, not obtained with the dog or sheep. He urges upon his professional brethren to repeat his experiments, but to begin earlier than he did, and contrive to make a prisoner likely to suffer capital punishment, ingest fresh cysticerci, at the distance of four weeks, several times over. The experiment is, according to Dr. Küchenmeister, quite justifiable; for even in case the man were not condemned, it would be an easy matter to expel the artificially produced tænia.—*Lancet*, July 28, 1855.

Experiments on the Smoke of Tobacco.—In Forriep's *Journal*, of a recent date, an interesting article has been published on the habit of tobacco smoking, and on poisoning by nicotine. Amongst the facts there mentioned, are the experiments instituted by M. Malapert, a pharmacien of Poitiers. His intention was to ascertain the exact quantity of nicotine absorbed by smokers, in proportion to the weight of tobacco consumed.

The apparatus used consisted of a stone jar, in which the tobacco was made to burn, connected with a series of bottles communicating by tubes. The bottles were either empty, or contained some water mixed or not with a little sulphuric acid. From a few experiments, it was found that, in the smoke of tobacco extracted by inspiration, there is ten per cent. of nicotine. Thus a man who smokes a cigar of the weight of seventy grains receives in his mouth seven grains of nicotine mixed with a little watery vapour, tar, empyreumatic oil, &c. Although a large proportion of this nicotine is rejected, both by the smoke puffed from the mouth, and by the saliva, a portion of it is nevertheless taken up by the vessels of the buccal and laryngeal mucous membrane, circulated with the blood, and acts upon the brain. With those unaccustomed to the use of tobacco, the nicotine, when in contact with the latter organ, produces vertigo, nausea, headache, and somnolence; whilst habitual smokers are merely thrown into a state of excitement, similar to that produced by moderate quantities of wine or tea.

From farther investigations it is found that the drier the tobacco the less nicotine reaches the mouth. A very dry cigar, whilst burning, yields a very small amount of watery vapour; the smoke cools rapidly, and allows the condensation of the nicotine

before it reaches the mouth. Hence it comes that the first half of a cigar smokes more mildly than the second, in which a certain amount of condensed watery vapour and nicotine, freed by the first half, are deposited. The same remark applies to smoking tobacco in pipes, and if smokers were prudent, they would never consume but half a cigar or pipe and throw away the other. Smoking through water, or with long tubes and small bowls, is also a precaution which should not be neglected.—*Lancet*, Sept. 1.

Effects of Alcohol on the Constitution.—DR. DUCHEK, in a memoir on this subject, comes to the following conclusions as the result of his observations: 1. Alcohol undergoes within the body a gradual combustion, the products of which are found in the blood. Experiment has shown that Alcohol absorbed by the stomach is immediately converted into aldehyde, and this substance combining with oxygen produces acetic and oxalic acids, which are found in the blood after the narcotic effects have disappeared. 2. The phenomena of intoxication are due to the presence of aldehyde in the blood. 3. The action of this substance seems to consist in the rapid abstraction of oxygen from the blood, and the arrest of the nutritive functions by retarding the combustion of other substances within the body.—*Ed. Med. Journal*, August, from *Viertel. &c.*

Resignation of Professor Alison.—DR. ALISON, the distinguished professor of the Practice of Medicine in the University of Edinburgh, has been induced by failing health to resign his chair. On his resignation being presented to the town council, a resolution was unanimously adopted expressive of deep sympathy with Dr. Alison in his affliction, and profound regret that his resignation should be necessary; also that he be appointed emeritus professor, and that it be recommended to the Senatus Academicus to confer on him a suitable retiring allowance, for the lustre his services have reflected on the school.

German Universities.—In the 28 German Universities there are 1,699 persons engaged in the business of teaching. Of these there are 847 professors, 253 assistant-professors, 46 honorary professors, 450 private teachers, besides several masters of languages. Dur-

ing the recent winter semestre there were 18,201 students registered, the numbers being for that of 1851-'52, 19,354, and for 1852-'53, 18,596. The total number of foreigners at the Universities amounted to 2,711.—*Medical Times and Gazette*, May 3, 1855, from *L'Union Médicale*, No. 42.

Cholera.—The Cholera has spread from Pesth to all parts of Hungary, and is extremely violent in some of the districts near the river Theiss.

The cholera is still doing much mischief in the villages of Lombardy and the Venetian provinces, and, strange to say, this year the situations most likely to be exempt by altitude, etc., have suffered most; thus, the small towns in the Varese and at the foot of the Alps, have been more severely attacked than Milan or Venice.

From official returns it appears that at Madrid from the commencement of May to the end of August, 2,958 persons were attacked by cholera, of whom 1,783 died. The disease has broken out with extreme violence at Pampeluna.

Natural History Chair in University of Edinburgh.—Prof. GEORGE JAMES ALLMAN, Prof. of Botany in Trinity College, Dublin, has been appointed Professor of Natural History in the University of Edinburgh, in place of the late Dr. Forbes.

Gluten Bread.—DR. JOHN ALDRIDGE gives (*Dublin Hospital Gazette*, June 15, 1855) the following as the best formula for this:—

R Fresh moist gluten, 24 oz.
Bicarbonate of Ammonia, ℥ij. gr. xij.
Common salt, ℥iss.
Powdered caraway, 48 grs.
Wheaten flour, 4½ oz.
Powdered bran, 1½ oz.
Salt butter, 4 oz.

The above quantities yield 24 oz. of bread, when baked. It should be baked in small and flat circular tin pans, placed on a moderately heated hot-hearth.

For obtaining the gluten, Dr. A. makes a stiff paste with flour and cold water, and then kneads it with the hands under a current of water, on a slanting board placed in a ten gallon black crock, until starch can no longer be detected in small portions (taken from different parts of the mass) by tincture of iodine.